

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/							
2		/						
3		/						
4		/						
5		/						
6		/						
7		/						
8		/						
9		/						
10		/						
11		/						
12		/						
13		/						
14		/						
15		/						
16		/						
17		/						
18		/						
19		/						
20		/						
21		/						
22	/							
23		/						
24		/						
25		/						
26		/						
27		/						
28		/						
29	/							
30	/							
31		/						
32		/						
33		/						
34		/						
35		/						
36		/						
37		/						
38		/						
39		/						
40		/						
41		/						
42		/						
43		/						
44		/						
45		/						
46		/						
47		/						
48		/						
49		/						
50	/							
TOTAL IND.	14	↓		↓		↓		
TOTAL DEP.	121	←		←		←		
TOTAL CLAIMS	135							
51		/		/				
52		/		/				
53		/		/				
54		/		/				
55		/		/				
56		/	/	/				
57		/	/	/				
58		/	/	/				
59	/			/				
60		/		/				
61		/		/				
62		/		/				
63		/		/				
64		/		/				
65		/		/				
66		/		/				
67	/			/				
68		/		/				
69		/	/	/				
70		/		/				
71		/		/				
72		/		/				
73		/		/				
74		/		/				
75		/		/				
76		/		/				
77	/			/				
78		/		/				
79		/		/				
80		/		/				
81		/		/				
82		/	/	/				
83		/		/				
84	/			/				
85	/			/				
86		/		/				
87		/		/				
88		/		/				
89		/		/				
90		/		/				
91		/		/				
92		/		/				
93		/		/				
94		/		/				
95		/		/				
96		/		/				
97		/		/				
98		/		/				
99		/		/				
100		/		/				
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS